Patient Vaping History Survey

HAWAII STATE DEPARTMENT OF HEALTH

Background Information

Any information you provide on this form may help us identify what is making people sick. If you would like help filling out this form, please ask a staff member. Thank you!

Name _____ **Date of Birth** _____

Race: ☐ White ☐ Asian **Ethnicity:** ☐ Hispanic
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Non-Hispanic
☐ American Indian or Alaska Native ☐ Other

In the past 3 months, have you…		
…smoked any cigarettes (not an e-cig)?	☐ Yes	☐ No
…smoked any marijuana (e.g., joints/bong)?	☐ Yes	☐ No
…vaped any products that contain nicotine?	☐ Yes	☐ No
…vaped/dabbed any products that contain THC?	☐ Yes	☐ No
Did you share any vaping products with someone who also got sick?	☐ Yes	☐ No
Are you part of the Hawaii Medical Cannabis Program?	☐ Yes	☐ No
When did you first start vaping or dabbing THC products?	_____	
Are you aware of the current outbreak of lung illness related to vaping?	☐ Yes	☐ No
If yes, did you change how you use e-cigarettes/vaping devices?	☐ Yes	☐ No
If yes, how? _____		

Vaping Product Information

Please tell us about each product you have vaped/dabbed in the past 3 months:

	Please provide details about each product	In what form did you use this product?	How many times a day did you use this product?	Where did you usually get this product?	What kind of device did you usually use with this product?
Product 1	☐ Contains THC ☐ CBD ☐ Nicotine ☐ Other (Specify:_____) Brand name: _____ Date first used: _____ Date last used: _____	☐ Pre-filled cartridge/pod ☐ Liquid/oil not in pre-filled cart ☐ Solid/wax ☐ Leaf/flower ☐ Other (Specify: _____) **Can public health get this product for testing?** ☐ Yes ☐ No	☐ <1 x per day ☐ 1-2 x per day ☐ 3-5 x per day ☐ >5 x per day ☐ Not sure If >5 x per day, how many times per day? _____	☐ Friend ☐ Street ☐ Gas station ☐ Vape shop ☐ Dealer ☐ School ☐ Medical dispensary (HI) ☐ Dispensary (other state) ☐ Other (specify: _____)	☐ Disposable e-cig ☐ E-cig for prefilled carts/pods ☐ E-cig with a tank that you refill with liquid ☐ Dab rig / Dab pen ☐ Vaporizer (for dry herbs, etc.) ☐ Mod device (e.g., with modifiable settings/voltage) ☐ Other (specify: _____)
Product 2	☐ Contains THC ☐ CBD ☐ Nicotine ☐ Other (Specify:_____) Brand name: _____ Date first used: _____ Date last used: _____	☐ Pre-filled cartridge/pod ☐ Liquid/oil not in pre-filled cart ☐ Solid/wax ☐ Leaf/flower ☐ Other (Specify: _____) **Can public health get this product for testing?** ☐ Yes ☐ No	☐ <1 x per day ☐ 1-2 x per day ☐ 3-5 x per day ☐ >5 x per day ☐ Not sure If >5 x per day, how many times per day? _____	☐ Friend ☐ Street ☐ Gas station ☐ Vape shop ☐ Dealer ☐ School ☐ Medical dispensary (HI) ☐ Dispensary (other state) ☐ Other (specify: _____)	☐ Disposable e-cig ☐ E-cig for prefilled carts/pods ☐ E-cig with a tank that you refill with liquid ☐ Dab rig / Dab pen ☐ Vaporizer (for dry herbs, etc.) ☐ Mod device (e.g., with modifiable settings/voltage) ☐ Other (specify: _____)

If you used more than two products, please list them on the next page

Additional Information

Can the Hawaii Department of Health contact you for more information? ☐ Yes ☐ No

Contact information: **Phone number:** _____ **Email address:** _____

When you have completed this survey, please give it back to your healthcare provider.

Additional Products (if you used more than two products)

	Please provide details about each product	In what form did you use this product?	How many times a day did you use this product?	Where did you usually get this product?	What kind of device did you usually use with this product?
Product 3	☐ Contains THC ☐ CBD ☐ Nicotine ☐ Other (Specify:_____) Brand name: _____ Date first used: _____ Date last used: _____	☐ Pre-filled cartridge/pod ☐ Liquid/oil not in pre-filled cart ☐ Solid/wax ☐ Leaf/flower ☐ Other (Specify: _____) **Can public health get this product for testing?** ☐ Yes ☐ No	☐ <1 x per day ☐ 1-2 x per day ☐ 3-5 x per day ☐ >5 x per day ☐ Not sure If >5 x per day, how many times per day? _____	☐ Friend ☐ Street ☐ Gas station ☐ Vape shop ☐ Dealer ☐ School ☐ Medical dispensary (HI) ☐ Dispensary (other state) ☐ Other (specify: _____)	☐ Disposable e-cig ☐ E-cig for prefilled carts/pods ☐ E-cig with a tank that you refill with liquid ☐ Dab rig / Dab pen ☐ Vaporizer (for dry herbs, etc.) ☐ Mod device (e.g., with modifiable settings/voltage) ☐ Other (specify: _____)
Product 4	☐ Contains THC ☐ CBD ☐ Nicotine ☐ Other (Specify:_____) Brand name: _____ Date first used: _____ Date last used: _____	☐ Pre-filled cartridge/pod ☐ Liquid/oil not in pre-filled cart ☐ Solid/wax ☐ Leaf/flower ☐ Other (Specify: _____) **Can public health get this product for testing?** ☐ Yes ☐ No	☐ <1 x per day ☐ 1-2 x per day ☐ 3-5 x per day ☐ >5 x per day ☐ Not sure If >5 x per day, how many times per day? _____	☐ Friend ☐ Street ☐ Gas station ☐ Vape shop ☐ Dealer ☐ School ☐ Medical dispensary (HI) ☐ Dispensary (other state) ☐ Other (specify: _____)	☐ Disposable e-cig ☐ E-cig for prefilled carts/pods ☐ E-cig with a tank that you refill with liquid ☐ Dab rig / Dab pen ☐ Vaporizer (for dry herbs, etc.) ☐ Mod device (e.g., with modifiable settings/voltage) ☐ Other (specify: _____)
Product 5	☐ Contains THC ☐ CBD ☐ Nicotine ☐ Other (Specify:_____) Brand name: _____ Date first used: _____ Date last used: _____	☐ Pre-filled cartridge/pod ☐ Liquid/oil not in pre-filled cart ☐ Solid/wax ☐ Leaf/flower ☐ Other (Specify: _____) **Can public health get this product for testing?** ☐ Yes ☐ No	☐ <1 x per day ☐ 1-2 x per day ☐ 3-5 x per day ☐ >5 x per day ☐ Not sure If >5 x per day, how many times per day? _____	☐ Friend ☐ Street ☐ Gas station ☐ Vape shop ☐ Dealer ☐ School ☐ Medical dispensary (HI) ☐ Dispensary (other state) ☐ Other (specify: _____)	☐ Disposable e-cig ☐ E-cig for prefilled carts/pods ☐ E-cig with a tank that you refill with liquid ☐ Dab rig / Dab pen ☐ Vaporizer (for dry herbs, etc.) ☐ Mod device (e.g., with modifiable settings/voltage) ☐ Other (specify: _____)
Product 6	☐ Contains THC ☐ CBD ☐ Nicotine ☐ Other (Specify:_____) Brand name: _____ Date first used: _____ Date last used: _____	☐ Pre-filled cartridge/pod ☐ Liquid/oil not in pre-filled cart ☐ Solid/wax ☐ Leaf/flower ☐ Other (Specify: _____) **Can public health get this product for testing?** ☐ Yes ☐ No	☐ <1 x per day ☐ 1-2 x per day ☐ 3-5 x per day ☐ >5 x per day ☐ Not sure If >5 x per day, how many times per day? _____	☐ Friend ☐ Street ☐ Gas station ☐ Vape shop ☐ Dealer ☐ School ☐ Medical dispensary (HI) ☐ Dispensary (other state) ☐ Other (specify: _____)	☐ Disposable e-cig ☐ E-cig for prefilled carts/pods ☐ E-cig with a tank that you refill with liquid ☐ Dab rig / Dab pen ☐ Vaporizer (for dry herbs, etc.) ☐ Mod device (e.g., with modifiable settings/voltage) ☐ Other (specify: _____)
Product 7	☐ Contains THC ☐ CBD ☐ Nicotine ☐ Other (Specify:_____) Brand name: _____ Date first used: _____ Date last used: _____	☐ Pre-filled cartridge/pod ☐ Liquid/oil not in pre-filled cart ☐ Solid/wax ☐ Leaf/flower ☐ Other (Specify: _____) **Can public health get this product for testing?** ☐ Yes ☐ No	☐ <1 x per day ☐ 1-2 x per day ☐ 3-5 x per day ☐ >5 x per day ☐ Not sure If >5 x per day, how many times per day? _____	☐ Friend ☐ Street ☐ Gas station ☐ Vape shop ☐ Dealer ☐ School ☐ Medical dispensary (HI) ☐ Dispensary (other state) ☐ Other (specify: _____)	☐ Disposable e-cig ☐ E-cig for prefilled carts/pods ☐ E-cig with a tank that you refill with liquid ☐ Dab rig / Dab pen ☐ Vaporizer (for dry herbs, etc.) ☐ Mod device (e.g., with modifiable settings/voltage) ☐ Other (specify: _____)

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